U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: 26-SEP-2003 (NHTSA 12 PM)
Repository ☐
Reference No.: 10040780

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: MUNDELEIN | State: IL | Zip Code: 60060
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a[redacted] name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 10.20.03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2B3HD56J4XH565105	DODGE	INTREPID	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
05/28/99	VIKING DODGE 815-356-2566				
Original Owner ☒	Dealer's City: CRYSTAL LAKE	State: IL	Zip Code: 60014		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code	Multiple Failure
	☐ / ☐		010000 STEERING	1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
	27000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)

DOT No. (Example: DOTMA19ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:

Tire Component Code	Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATED WHILE ATTEMPTING TO TURN THE STEERING WHEEL THERE WAS A LOT OF PLAY IN THE STEERING WHEEL. CONSUMER SAYS THE VEHICLE'S WHEELS WOULD NOT TURN IN THE DIRECTION THE STEERING WHEEL. *AK

AFTER THE VEHICLE FAILED TO TURN IN THE DIRECTION OF THE STEERING WHEEL. I TOOK IT TO A CERTIFIED MECHANIC. HE INFORMED ME THAT THE INTERNAL GEARS WERE WORN OUT, AND THERE WAS NOTHING I COULD HAVE DONE TO EITHER CAUSE OR PREVENT THIS. HE HAS REPLACED STEERING RACKS AT 80,000 - 100,000 MILES, BUT NEVER AT 27,000 MILES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.